RJMcClain Insurance Agency, LLC SMS Opt- OUT Form

I utilizir	ng mobile number	choose not to participate in your
(customer name)		
Agency's messaging service. By e-sig	gning this form I am choosin	g to opt-out of the messaging service for the
use of communication regarding my	y policy and coverage inform	ation and communication request for
additional services that may be need	led in relation to insurance as	nd financial service with the RJMcClain
Insurance Agency.		
Client Name	Date of Signing	